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Characterizing Sexual Violence Victimization in Youth: 2012 National Intimate Partner and Sexual Violence Survey

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Abstract

Introduction—Youth sexual violence victimization is an urgent public health concern that can lead to a variety of health problems and increased risk for victimization during adulthood. Examining the characteristics of early victimization and their association with subsequent victimization during adulthood may help strengthen primary prevention efforts.

Methods—Data are from the 2012 National Intimate Partner and Sexual Violence Survey. Prevalence estimates were computed in 2017 for rape and made to sexually penetrate, their subtypes, as well as proportions among victims by type of perpetrator. Chi-square tests of association were conducted between youth sexual violence victimization and the same experiences in adulthood.

Results—Approximately 10 million U.S. females (8.4%) experienced completed or attempted rape and 1.9 million U.S. males (1.6%) were made to penetrate someone during youth. Most victims knew their perpetrators. Being raped or made to penetrate during youth was associated with increased likelihood of such victimization in adulthood.

Conclusions—Females and males experience youth sexual violence victimization at alarming rates. Primary prevention efforts with youth are critical to prevent early victimization, subsequent victimization in adulthood, and the mental and physical health consequences associated with sexual violence victimization.

INTRODUCTION

Youth sexual violence (SV) victimization represents an urgent public health concern, setting young people on trajectories for future mental/emotional, behavioral, and health problems, including physical injury, depression, substance abuse, sexually transmitted diseases, and other health consequences. ^{1–3} Early SV victimization also increases the likelihood of experiencing SV victimization during adulthood. ^{4–6} By utilizing nationally representative

data from the National Intimate Partner and Sexual Violence Survey (NISVS), youth SV victimization was characterized in the U.S., and associations between early SV victimization and subsequent adult victimization were examined. This report focuses on completed and attempted rape and made to penetrate experiences.

METHODS

Data were from the 2012 NISVS, an ongoing, IRB-approved, nationally representative random-digit-dial telephone survey of the non-institutionalized English- and Spanish-speaking population aged 18 years across all 50 states and the District of Columbia. NISVS collected self-reported lifetime and past 12-month prevalence data on SV, intimate partner violence, and stalking victimization. A total of 11,940 adult respondents (6,625 females, 5,315 males) completed the survey in 2012. The weighted response rate was 33.2%; the weighted cooperation rate was 80.3%.

Measures

NISVS captured multiple forms of SV victimization, including rape (completed forced, attempted forced, or alcohol/drug-facilitated penetration), being made to sexually penetrate a perpetrator (completed or attempted), and other forms of SV.⁷

Adult respondents were asked about victimization experienced in their lifetime and in the 12 months preceding the survey. For each perpetrator, respondents were asked their own age the first and last time a given perpetrator "... did this/any of these things..." to them and their relationship to that perpetrator the first/last time the violence occurred.

Respondents who reported first being raped or made to penetrate at age <18 years were classified as having been raped or made to penetrate during youth. The types of perpetrators were also assessed. Respondents who reported their age as 18 years the last time they were victimized were classified as adult SV victims.

Statistical Analysis

In 2017, prevalence of youth SV victimization was calculated overall and by type of perpetrator. Chi-square tests of association were computed between female completed or attempted rape and male completed or attempted being made to penetrate experiences in youth and adulthood. Estimates based on 20 respondents and those with relative SEs >30% were considered statistically unreliable and not presented. Percentage estimates within subtype may not sum to 100% because of multiple types/variation in responding. All analyses were conducted using SAS-Callable SUDAAN, version 11.0, accounting for complex survey designs.

RESULTS

In the U.S., an estimated 8.4% of females and 0.7% of males experienced completed or attempted rape during youth. Within subtypes, 5.7% of females and 0.4% of males experienced completed forced penetration. An estimated 3.5% of females experienced completed alcohol/drug-facilitated penetration, and 2.1% of females experienced attempted

forced penetration (males' estimates for these subtypes were not statistically reliable; Table 1).

An estimated 1.6% of U.S. males were made to penetrate someone else (completed or attempted) during their youth. Within subtypes, 0.8% were made to penetrate someone else, and 1.1% were made to penetrate through alcohol/drug-facilitation. Neither male estimates for attempted made to penetrate nor female estimates for made to penetrate were statistically reliable (Table 1).

The majority of SV victims knew their perpetrators. Among female youth rape victims, 43.7% reported the perpetrator was an acquaintance, 28.8% reported a current/former intimate partner, and 27.7% reported a family member. Among female youth raped by an acquaintance, 21.6% reported being raped by a friend, 12.2% by a family friend, 13.9% by a friend of a friend, 11.5% by a neighbor, and 15.5% by a classmate. Among females raped by an intimate partner, 68.6% reported a boy/girlfriend and 15.7% reported a dating partner. Among females raped by a family member, 21.2% reported a parent, 12.8% reported a stepparent, 22.8% reported an aunt/uncle, and 10.1% of female youth rape victims reported a stranger perpetrator. Among male youth victims of made to penetrate, an estimated 35.1% reported an acquaintance. The estimates for male victims of made to penetrate by other types of perpetrators were not statistically reliable.

There were significant associations between youth and subsequent adult SV. Among female victims of rape (completed or attempted) during youth, 36.6% (95% CI=30.1, 43.6) were also raped as an adult, compared with 11.8% (95% CI=10.6, 13.1) who were not raped during youth but were raped as an adult (p<0.001). Among male victims, 45% (95% CI=26.1, 65.3) who were made to penetrate (completed or attempted) during youth were also made to penetrate as adults, compared with 4.6% (95% CI=3.8, 5.5) of males who were not made to penetrate during youth but were as adults (p<0.001).

DISCUSSION

The current findings reveal substantial early SV victimization in the U.S., indicating that both female and male youth are exposed. The burden of penetrative SV victimization is larger for female youth, with approximately 10 million U.S. females experiencing rape before the age of 18 years, although an estimated 2 million males were made to penetrate. The majority of victims knew their perpetrators as acquaintances, intimate partners, or family members, consistent with other research. ^{4,7} Findings indicate that being raped or made to penetrate during youth increases the likelihood of re-victimization in adulthood, also aligned with previous research. ^{4,5,7} An estimated 35% of female victims of SV in youth and almost half (45%) of male youth victims also experienced SV victimization as adults.

Youth victims may have repeated exposure to the abuser or to a risky environment, which suggests the need for early identification and intervention to prevent re-victimization. Youth victims of SV may also be more likely to view SV victimization as the norm because of such experiences during developmental periods characterized by trusting elders and, therefore, may accept abuse during adulthood as nothing unusual. Further examining the type,

frequency, and severity of youth SV victimization may provide key information in understanding gendered disparities that prevalence estimates do not provide.⁹

Limitations

There are limitations worth noting. All data used in this study were self-reported and therefore subject to the biases associated with such. A telephone survey may not reach all members of the population and certain members may be under-represented (e.g., nursing home residents, military personnel). Prevalence estimates reported are likely underestimates for reasons, such as the limited scope of victimization questions; the sensitive nature of SV victimization, which limits disclosure; and the possibility that those currently involved in violent relationships may not participate for safety reasons.

CONCLUSIONS

SV prevention efforts that start in youth are warranted, as results indicate a high prevalence of youth SV victimization, as well as a strong association between youth victimization and subsequent SV victimization in adulthood. Primary prevention efforts promoting safe, stable, nurturing relationships and environments for youth may prevent certain youth SV victimizations. ¹⁰ Other primary prevention efforts for SV perpetration in adolescence are also warranted, such as strategies that promote norms that protect against violence and skills-based approaches that teach healthy, safe dating relationships. ¹¹ Recently published technical packages that compile the best available evidence for SV ¹¹ and for child abuse and neglect ¹⁰ prevention may be useful tools in prioritizing prevention efforts and promoting evidence-based programs for victims.

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References

- 1. Sugar NF, Fine N, Eckert LO. Physical injury after sexual assault: findings of a large case series. Am J Obstet Gynecol. 2004; 190(1):71–76. https://doi.org/10.1016/S0002-9378(03)00912-8. [PubMed: 14749638]
- Coker AL, Davis KE, Arias I, et al. Physical and mental health effects of intimate partner violence for men and women. Am J Prev Med. 2002; 23(4):260–268. https://doi.org/10.1016/ S0749-3797(02)00514-7. [PubMed: 12406480]
- 3. Campbell JC. Health consequences of intimate partner violence. Lancet. 2002; 359(9314):1331–1336. https://doi.org/10.1016/S0140-6736(02)08336-8. [PubMed: 11965295]
- Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence: Findings From the National Violence Against Women Survey. Washington, DC: U.S. Department of Justice; NIJ Publication No. 181867https://doi.org/10.1037/e300342003-001
- Smith PH, White JW, Holland LJ. A longitudinal perspective on dating violence among adolescent and college-age women. Am J Public Health. 2003; 93(7):1104–1109. https://doi.org/10.2105/ AJPH.93.7.1104. [PubMed: 12835193]

 Ports KA, Ford DC, Merrick MT. Adverse childhood experiences and sexual victimization in adulthood. Child Abuse Negl. 2016; 51:313–322. https://doi.org/10.1016/j.chiabu.2015.08.017.
 [PubMed: 26386753]

- Black, MC., Basile, KC., Breiding, MJ., et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, CDC; 2011.
- Classen CC, Palesh OG, Aggarwal R. Sexual revictimization: a review of the empirical literature. Trauma Violence Abuse. 2005; 6(2):103–129. https://doi.org/10.1177/1524838005275087. [PubMed: 15753196]
- Breiding, MJ., Chen, J., Black, MC. Intimate Partner Violence in the United States—2010. Atlanta, GA: National Center for Injury Prevention and Control, CDC; 2014.
- Fortson, BL., Klevens, J., Merrick, MT., Gilbert, LK., Alexander, SP. Atlanta, GA: National Center for Injury Prevention and Control, CDC; Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities. https://doi.org/10.15620/cdc.38864
- 11. Basile, K., DeGue, S., Jones, K., et al. STOP SV: A Technical Package to Prevent Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, CDC; 2016.

Table 1

Prevalence of Rape and Made to Penetrate Under Age 18 Years—U.S. Women and Men, NISVS 2012

Victimization type	Weighted %	95% CI	Estimated no. of victims
Raped as a minor ^a			
Females	8.4	7.4, 9.5	10,231,000
Completed forced penetration	5.7	4.9, 6.6	6,954,000
Completed alcohol/drug-facilitated penetration	3.5	2.8, 4.3	4,225,000
Attempted forced penetration	2.1	1.7, 2.6	2,550,000
Males	0.7	0.5, 1.0	791,000
Completed forced penetration	0.4	0.3, 0.7	498,000
Completed alcohol/drug-facilitated penetration	NR	NR	NR
Attempted forced penetration	NR	NR	NR
Made to penetrate as a minor b,c			
Males	1.6	1.1, 2.4	1,891,000
Completed forced made to penetrate	0.8	0.5, 1.2	883,000
Completed alcohol/drug-facilitated made to penetrate	1.1	0.7, 1.9	1,313,000
Attempted forced made to penetrate	NR	NR	NR

Note: Boldface indicates statistical significance (*p*<0.05).

NISVS, National Intimate Partner and Sexual Violence Survey; no., number; NR, not reported because relative SE >30% or 20 respondents.

^aA small subset of victims of completed rape could have also experienced attempted rape or completed or attempted being made to penetrate by the same perpetrator and the age at first could reflect those experiences.

^bA small subset of victims of completed made to penetrate could have also experienced attempted made to penetrate or completed or attempted rape by the same perpetrator and the age at first could reflect those experiences.

Estimates of made to penetrate as a minor for females was not statistically reliable.